

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005311

STATE FILE NUMBER

AMENDED

Registries District No.

Primary Registration District No.

Registrar's No.

FILED JAN 29 1962

## 1. PLACE OF DEATH

a. COUNTY

Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Mansfield

Length of stay in 1b

7 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

The Mansfield Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Wright

c. CITY  
OR TOWN

Norwood

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Route 1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Samuel

Blain

Chadwell

4. DATE  
OF DEATH

Month

Day

Year

Jan. 12, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-14-85

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Norwood, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Golvin Chadwell

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Jackson

## 14. NAME OF HUSBAND OR WIFE

Carrie Chadwell

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Carrie Chadwell, Norwood, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypostatic Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

5 days

DUE TO (b)

Arteriosclerosis

over 5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 1961 to Jan. 12, 1962 and last saw him alive on Jan. 12, 1962

Death occurred at 10:46 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Newton D. Neufeld, D. O.

## 22b. ADDRESS

Mansfield, Missouri

## 22c. DATE SIGNED

1-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-15-1962

## 23c. NAME OF CEMETERY OR CREMATORY

THOMAS CEMETERY

## 23d. LOCATION (City, town, or county)

Norwood, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Lowell C. Carraig Mtn Grove

## 25. DATE RECD. BY LOCAL REG.

1-27-62

## 26. REGISTRAR'S SIGNATURE

H. R. R. R. R.

(Licensed Embalmer's Statement on Reverse Side)

KS JAN 8 0 1962

FEB 5 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lowell C. Craig

Licensed Embalmer No. 4766

P. O. Address Mt. Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.